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Please type a plus sign (+) inside this box -Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE nder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 91009 **Application Number CHANGE OF** Filing Date RRESPONDENCE ADDRESS First Named Inventor K. SHUKLA 45HOZE Application **Group Art Unit** Address to: **Examiner Name Assistant Commissioner for Patents** Washington, D.C. 20231 Attorney Docket Number Please change the Correspondence Address for the above-identified application to: Place Customer **Customer Number** Number Bar Code Type Customer Number here Label here OR Firm or ASHOK K. SHUKLA Individual Name Address 10316 KINGSWAY COURT Address City ELLICOTT CITY MD ZIP 21042 State Country USA Telephone <u>410 997 0772</u> ∰ 410 465 2212 Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data" Change" (PTO/SB/124). I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed ASHOR K SHUKIA Name Signature Date 06 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

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